Fill in this information t	to identify your case:	
Debtor 1	AMANDA A. ANGARITA	_
Debtor 2 (Spouse, if filing)		_
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number 15-	-10693	Check if this is:
(If known)		■ An amended filing □ A supplement showing post-petition chapter 13 income as of the following date:
Official Form	<u>B 6I</u>	MM / DD/ YYYY
Schedule I:	Your Income	12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Retired	
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed ti	here?	

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse

- List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

			-	
2.	\$	0.00	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$	0.00

Official Form B 6I Schedule I: Your Income page 1

Debt	tor 1	AMANDA A. ANGARITA	_		Case number (if k	nown)	15-10	693		
					For Debtor 1		non-	Debtor filing s	pouse	
	Сор	y line 4 here	4.		\$	0.00	\$		0.00	<u>-</u>
5.	List	all payroll deductions:								
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b			0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50) .	\$	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	50	1.	\$	0.00	\$		0.00	
	5e.	Insurance	56			0.00	\$		0.00	_
	5f.	Domestic support obligations	5f			0.00	\$		0.00	_
	5g.	Union dues Other deductions, Specific	5g			0.00			0.00	_
	5h.	Other deductions. Specify:	_	1.+		0.00			0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			0.00	\$		0.00	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$		0.00	<u></u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	88			0.00	\$		0.00	<u> </u>
	8b.	Interest and dividends	8b).	\$	0.00	\$		0.00	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 80	: .	\$	0.00	\$		0.00	<u>_</u>
	8d.	Unemployment compensation	80	ı.		0.00	\$		0.00	
	8e.	Social Security	86) .	\$ 1,40	0.00	\$		0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f		\$	0.00	\$		0.00	
	8g.	Pension or retirement income	80			0.00	\$		0.00	
	8h.	Other monthly income. Specify: Daughter's contributions	8h	1.+	\$1,30	0.00	+ \$		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	0.00	\$		0.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2,700.00	+ \$_		0.00	= \$ _	2,700.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes						12.	\$	2,700.00
13.	Do	ou expect an increase or decrease within the year after you file this form	1?						Combi month	ned ly income
		No.		_						
		Yes. Explain: Debtor receives contribution from her daughter of her husband.	to he	elp	meet her mo	onthly	/ exper	ises s	ince th	ne death

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	AMANDA A.	ANGARI	TA		Ch	eck if this is:	
							An amended filing	
	tor 2 ouse, if filing)						A supplement shown 13 expenses as of	wing post-petition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
	e number 15	5-10693					A separate filing fo	r Debtor 2 because Debto
(II KI	iowii)						z mamamo a sope	mate nousenoid
Of	fficial Fo	rm B 6J						
		J: Your						12/1
info	rmation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Part		ibe Your House	hold					
1.	Is this a joir							
	■ No. Go to		in a separ	ate household?				
	□ N □ Y	_	st file a sep	parate Schedule J.				
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents'	names.			-			☐ Yes
								□ No □ Yes
								□ res □ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses o	penses include f people other t	han $_{m \Box}$	No Yes				
		d your depende	iilə :					
Pari Esti		ate Your Ongoi		ly Expenses uptcy filing date unless y	ou are using this forr	n as a s	supplement in a Cha	apter 13 case to report
exp				y is filed. If this is a supp				
the	value of sucl	h assistance an		government assistance in			Vous eve	
(Off	ficial Form 6I	.)					Your exp	enses
4.		or home owners and any rent for the		ses for your residence. In or lot.	nclude first mortgage	4.	\$	1,769.78
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.	·	0.00
				ıpkeep expenses		4c.	·	50.00
5		owner's associat		dominium dues our residence, such as ho	mo oquity loops	4d. 5.		0.00 0.00
5.	Auditionali	norigage payiile	ento IUI VC	our residence, such as no	HE EUUILV IOANS	ິວ.	y	V.UU

Debtor 1	AMANDA A. ANGARITA	Case numb	per (if known)	15-10693
6. Utilitie		0-	Ф	450.00
	Electricity, heat, natural gas	6a.	·	150.00
	Water, sewer, garbage collection		\$	35.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	100.00
	Other. Specify: GARABGE	6d.	·	20.00
	and housekeeping supplies	7.	\$	300.00
	care and children's education costs	8.	\$	0.00
	ng, laundry, and dry cleaning	9.	\$	25.00
	nal care products and services	10.	\$	20.00
	al and dental expenses	11.	\$	40.00
	portation. Include gas, maintenance, bus or train fare. include car payments.	12.	\$	120.00
	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	able contributions and religious donations	14.	\$	0.00
5. Insura	ince.			
Do not	include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	90.00
15d.	Other insurance. Specify:	15d.	\$	0.00
S. Taxes Specif	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
•	ment or lease payments:		•	
	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report		•	
	ted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
Other	payments you make to support others who do not live with you.		\$	0.00
Specif	y:	19.		
	real property expenses not included in lines 4 or 5 of this form or on So			
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
. Other:	: Specify:	21.	+\$	0.00
. Vour r	monthly expenses. Add lines 4 through 21.	22.	\$	2,719.78
	sult is your monthly expenses.	22.	Ψ	2,719.70
	late your monthly net income.	l		
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,700.00
	Copy your monthly expenses from line 22 above.	23b.		2,719.78
200.	copy your morning experiess from the LL above.	200.		2,713.70
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	-19.78
4. Do yo	u expect an increase or decrease in your expenses within the year after			page or decrease because of a
	ation to the terms of your mortgage?	our mongage p	ayment to more	ado di deciease pecause di d
☐ Yes				
Explai				